

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	
	First Named Inventor	Denise R. Murray
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	1-7-02
	Art Unit	
Examiner Name		

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EDGE-IT

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01-07-02 as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name *Denise R. MURRAY*
Address *1130 DuctHow way # 7*
City *Folsom* State *ca* ZIP *95630*
Country *united States* Telephone *916-983-7237* Fax *—*

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) *Denise* Family Name or Surname *Bewely*
Inventor's Signature *Denise Murray* Date *01-07-02*
(*Sacramento*)
Residence: City *Folsom* State *ca* Country *U.S.* Citizenship *American*

Mailing Address *1130 DuctHow way # 7*
City *Folsom* State *ca* ZIP *95630* Country *U.S.*

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) _____ Family Name or Surname _____
Inventor's Signature _____ Date _____
Residence: City _____ State _____ Country _____ Citizenship _____

Mailing Address _____

City _____ State _____ ZIP _____ Country _____

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

Devin R. Murray

COMPLETE IF KNOWN

Application Number

/

Filing Date

12-28-01

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

EDGE-IT

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

12-28-01

as United States Application Number or PCT International

Application Number 37 CFR 1.63 and was amended on (MM/DD/YYYY) 12-28-01 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number or ☒ Correspondence address below

Name

Denise R. MURRAY

Address

1130 Ductlow way #7

City

Folsom

State

ca.

ZIP

95630

Country

United States

Telephone

916-983-7237

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Denise Renee

Family Name
or Surname

MURRAY

Inventor's
Signature

Date

Sacramento county

Residence: City

Folsom

State

ca.

Country

USA

Citizenship

U.S.

Mailing Address

1130 Ductlow way #7

City

Folsom

State

ca.

ZIP

95630

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention

EDGE-IT

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
☐ Application No. 37 CFR 1.63, filed on 12-28-01,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Denise Renee Murray

Signature: Denise Murray Citizen of: United States

Inventor two: _____

Signature: _____ Citizen of: _____

Inventor three: _____

Signature: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's
Signature**

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's
Signature**

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's
Signature**

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Residence: City

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION -- Supplemental Priority Data Sheet

Additional foreign applications:

[illegible]

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WESTERN INVENTION SUBMISSION CORP.

217 Ninth Street Pittsburgh, PA 15222-3506

WISC OFFICE

YP

BASIC INFORMATION
PACKAGE AGREEMENT #
SAM 334-1563U

Client ☐ Mr. ☒ Ms. DENISE MURRAY Are you 18 years of age or older? YES
Address 1130 DUCHOW WAY #7
City FOLSOM State CA. Zip 95630
Telephone: Work (916) 961-1785 Residence (916) 983-7237
Occupation ASST. MGR. SNACK BAR Invention/Idea/Product EDGE-IT

STATUS OF INVENTION

☒ Illustrations/Drawings ☐ Product in Production ☐ Client has inventory
☐ Photographs ☐ Copyright or Trademark ☐ Patent Issued-#
☒ Model or Prototype ☐ Patent Pending
Client's Unit Production Cost Estimate: \$4.00 EACH Firms Contacted Before WISC: NONE
Client's Suggested Retail Price: \$19.95 EACH Field Test Use: PERSONAL USE ONLY

BASIC INFORMATION PACKAGE CONSIDERATIONS

In consideration of the fees stated below, WISC agrees to prepare a report containing basic information in the following categories:

- Product concept description & history (based on client's disclosure to WISC)
- Production considerations
- Estimated retail price, manufacturing & wholesale costs
- Coding of your invention by Standard Industrial Classification
- Function and appealing features
- Benefits, appeals and trends for consumers and/or society
- Potential target markets (based on Trade & Government Statistics)
- A visual industry graph (if available for your idea)
- Potential channels of distribution and outlets
- Promotional considerations

You will receive a 20-30 page bound report in which WISC assembles basic information and attempts to emphasize the most positive features of your idea. The contents of the report are described in WISC's Basic Information Package brochure which we have provided to you.

A preliminary U.S. patentability search and opinion will be included as a part of this service unless you request below that this work not be performed. We intend to refer your request for a preliminary patentability search and opinion to a patent law firm to which we refer our clients' patent work.

You hereby authorize WISC to provide to said patent attorney any information he may require from your file and to receive information from said patent attorney concerning the status of work he is performing on your behalf. You may, if you wish, engage a patent attorney of your own choosing. Please check the appropriate box below:

☒ I wish to have a preliminary patentability search and opinion conducted for my idea, and request that WISC refer my request for this work to the patent law firm to which it refers its clients' patent work. Further, I authorize my patent attorney and WISC to share information regarding my idea and the preliminary patentability search and opinion.

☐ I wish to have a preliminary patentability search and opinion conducted for my idea, but wish to choose a patent attorney on my own. Accordingly, the cost of the Basic Information Package will be reduced by \$164.

☐ I do **NOT** wish to have a preliminary patentability search and opinion conducted for my idea. Accordingly, the cost of the Basic Information Package will be reduced by \$164.

Denise Murray

AUG. 29th, 2001

Parameter	Value	Unit	Source
α	0.001		Eq. (1)
β	0.001		Eq. (1)
γ	0.001		Eq. (1)
δ	0.001		Eq. (1)
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ω	0.001		Eq. (1)
ν	0.001		Eq. (1)
μ	0.001		Eq. (1)
λ	0.001		Eq. (1)
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\hbar	0.001		Eq. (1)
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m	0.001		Eq. (1)
l	0.001		Eq. (1)
k	0.001		Eq. (1)
<			

Being paid by: CASH \$875.00 Pd. in full
Date AUG. 29, 2001

____ VISA ____ MasterCard ____ Discover ____ AmEx
 Card# _____
 Expiration Date _____
 Signature _____
 (Client)

- The Basic Information Package report is not an evaluation of my idea, but rather assembles basic information and attempts to emphasize the most positive features of my idea.
- WISC accepts most ideas and does not determine the feasibility of my idea. WISC relies on my belief that I am the original inventor.
- WISC cannot be aware of or responsible for the existence of similar concepts which may already be on the market or may be introduced at a later time. It is not possible to adequately check the marketplace for similar products. WISC performs a very limited competitive check usually through catalogs.
- WISC is assembling information regarding my idea for the preparation of a Basic Information Package. I authorize WISC to share this information with the patent attorney engaged to perform patent services on my behalf.

Signed Denise Murray
(Client/Inventor-Owner)

Date AUG. 29th, 2001

Signed Willie
(Co-Inventor)

Date AUG 29th, 2001

- THE PURCHASE OF INVENTOR ASSISTANCE IS A HIGH-RISK EXPENDITURE.
- FULL PATENT PROTECTION PROVIDES LEGAL PROTECTION FOR IDEAS AND INVENTIONS. WE GIVE NO ADVICE AS TO WHETHER YOUR IDEA IS PATENTABLE. SUCH ADVICE MAY COME ONLY FROM A PATENT ATTORNEY OR LICENSED PATENT AGENT.
- YOU SHOULD TREAT YOUR IDEA AS A CONFIDENTIAL SUBJECT IN ORDER TO AVOID LOSING ANY PATENT RIGHTS YOU MAY HAVE.
- IF YOU WISH PATENT ADVICE, IT IS ADVISABLE THAT YOU SEEK ADVICE FROM AN INDEPENDENT PATENT ATTORNEY.

If you change your mind, you can cancel this Contract, for any reason, within seven (7) business days after you signed it. If you mailed us the Contract, you can cancel it within seven (7) business days after you put the Contract in the mail. There will be no penalty or obligation if you cancel under this provision. Within ten (10) business days after we receive your written cancellation notice we will return, by mail, all monies paid by you to us pursuant to the Contract that you have cancelled.

If you choose to mail your cancellation notice, it must be placed in the United States mail properly addressed, certified mail, postage prepaid, return receipt requested, and post-marked before midnight of the last day allowed for cancellation.

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